

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	SEAG 48089
	First Named Inventor	Michael A. Seigler
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR MAKING A MAGNETORESISTIVE SENSOR

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 366(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Robert P. Lenart, Esquire					
Address Pietragallo, Bosick & Gordon One Oxford Centre, 38th Floor, 301 Grant Street					
City Pittsburgh		State PA		ZIP 15219	
Country US		Telephone 412-263-4399		Fax 412-261-0915	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/>				A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Michael Allen			Family Name or Surname Seigler		
Inventor's Signature <i>Michael Allen Seigler</i>				Date 7-25-01	
Residence: City Pittsburgh		State PA		Country US	
Citizenship US					
Mailing Address 427 Arden Road					
City Pittsburgh		State PA		ZIP 15216	
Country US					
NAME OF SECOND INVENTOR: <input type="checkbox"/>				A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Petrus Antonius			Family Name or Surname Van Der Heijden		
Inventor's Signature <i>P. Heijden</i>				Date 7/25/01	
Residence: City Jefferson Hills		State PA		Country US	
Citizenship Netherlands					
Mailing Address 1370 Village Green Drive					
City Jefferson Hills		State PA		ZIP 15025	
Country UA					
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB-02A attached hereto.					

[Page 2 of 2]

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PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0831-0032

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew Robert		Eckert	
Inventor's Signature <i>Andrew Robert Eckert</i>		Date <i>7-25-01</i>	
Residence: City	Pittsburgh	State	PA
Country	US	Citizenship	US
Mailing Address 125 Calmont Drive			
Mailing Address			
City	Pittsburgh	State	PA
ZIP	15235	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

* MAGNETORESISTIVE SENSOR

I hereby appoint:

☒ Practitioners at Customer Number

29694

Place Customer
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☒ Practitioner(s) named below:

Name	Registration Number
Carol L. Bordas	37,284

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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☐ Practitioners at Customer Number

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Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Robert P. Lenart				
Address	Pietragallo, Bosick & Gordon				
Address	One Oxford Centre, 38th Floor, 301 Grant Street				
City	Pittsburgh	State	PA	Zip	15219
Country	US				
Telephone	412-263-4399	Fax	412-261-0915		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael Allen Seigler
Signature	<i>Michael Allen Seigler</i>
Date	7-25-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 3 forms are submitted.

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PTO/SB/81 (03-01)

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Application Number	
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First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

* MAGNETORESISTIVE SENSOR

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☒ Firm or
Individual Name

Robert P. Lenart

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Country

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Telephone

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Petrus Antonius Van Der Heijden

Signature

P. Van Der Heijden

Date

7/25/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/01 (02-01)

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Title	METHOD FOR MAKING A *
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Examiner Name	
Attorney Docket Number	SEAG 48089

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☒ Practitioner(s) named below:

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Carol I. Bordas	37,284

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Address	One Oxford Centre, 38th Floor, 301 Grant Street				
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Telephone	412-263-4399	Fax	412-261-0915		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name	Andrew Robert Eckert
Signature	<i>Andrew Robert Eckert</i>
Date	7-25-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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